Durango
FAMILY THERAPY, LLC
2243 Main Ava. Suite 4 #18, Durango, CO 81301 970-422-7334

ADDENDUM TO INFORMED CONSENT

Electronic Forms of Communication

I/We, _____, _____, understand that electronic forms of communication such as email, texting, etc. cannot be considered confidential. As such, I understand that if I use and or agree to allow Renee Dixon, LSW to use such forms to communicate with me, there is a chance that the dialog may not be private. I understand that Renee Dixon, LSW takes precautions to ensure that all communication is confidential, but it cannot be assured with these forms of communication.

Communication Options (please choose all that apply):

_____ I agree to communicate by email for scheduling only.

_____ I agree to communicate by email for all details of treatment.

_____ I agree to communicate by text for scheduling only.

_____ I agree to communicate by text for all details of treatment.

_____ I prefer to communicate by telephone only.

If you have further questions, please speak to Renee Dixon, LSW directly. These choices will remain in effect unless they are changed in writing.

_____

Signed _____ Date

_____

Signed _____ Date